

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | | SERIAL NO. | | FILING DATE | |
|---|----------|------|------------------------|------|------------------------|------|--------------|------|-------------|---|
| | | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * | | * |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | |
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| TOTAL IND. | 6 | | | | | | | | | |
| TOTAL DEP. | 15 | | | | | | | | | |
| TOTAL CLAIMS | 21 | | | | | | | | | |
| * MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS | | | | | | | | | | |